

HIPAA 5010 Changes to the Integrated System

For Community Partners Providers – Healthy Way LA

Client Information – Contact Tab Screen

Outpatient Service Screen

Client Information/Contact Tab

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

Client Information

Client: Test, E

Options

- Return
- Change Provider
- Find Client
- Daily Log
- View Episodes
- Check Eligibility
- Enroll Client
- Eligibility History

Identification **Contacts** Financial Other Groups XRer Benefits

ClientAddress

Transient/Homeless ☐ Time Homeless:

Address 1: 1940 Example Street Address 2:

City: Mohave County: State: AR Zip: 91275 -- 2924

Phone: (h) (w)

Address Memo:

Other Contacts

	Name	Type	P
+			
1			

Cancel Continue

Zip now allows for a 9-digit zip code.

If the zip code is not 5-digits and numeric the following edit message will be displayed 'Invalid Zip Code'.

Outpatient Service

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

Add Outpatient Service

Client: Test, Example Client V

Options

Return

Check Eligibility

RP: Txnmy: ☐ DOS:

Procedure Code:

Place Of service:

0 Hrs 0 Minutes

0 Hrs 0 Minutes

☐ Patient Signature ☐ Provider Signature

☐ Not Available ☐ On File

ing Staff

Total Time for this Staff: 0 Hrs 0 Minutes

Total Time in Minutes: 0

Evidence Based Practice:

- 00-No EBP/SS
- 01-EBP ACT
- 10-EBP MST
- 11-EBP FFT
- 2A-Brf Strat FamTher
- 2B-CPP Chld-Prnt Ther

Check box that allows user to indicate if the **Patient Signature was not available for the service.**

Name	Hours	Minutes
1		

Outpatient Service

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

Add Outpatient Service

Client: Test, Exam

Options RP: Procedure Code:

Return

Hrs Minutes

Hrs Minutes

Patient Signature Provider Signature

Not Available ☐ On File ☐

Additional Participating Staff

this Staff: Hrs Minutes

Add >>

Total Time in Minutes: 0

Claim Save Cancel

Required check box indicating that the **Provider Signature** is on file.

Edit message will display if check box for **Provider Signature on file** is NOT checked.

Windows Internet Explorer

! - Provider Signature On File is required.

OK

Name	Hours	Minutes
1		

EBP ACT
10-EBP MST
11-EBP FFT
2A-Brf Strat FamTher
2B-CPP Chld-Prnt Ther